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PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

| | |
|------------------------|-----------------|
| Application Number | 10/527,021 |
| Filing Date | 07/25/2003 |
| First Named Inventor | Howard, Raymond |
| Art Unit | 3611 |
| Examiner Name | Olson, Lars A. |
| Attorney Docket Number | LLPT-1031867 |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (Please Identify below): Certificate of Mailing Change of Correspondence Address Multiple Dependent Claim Fee Calculation Sheet Return Postcard |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|-------------------|----------|-------|
| Firm Name | | | |
| Signature | Coston & Rose LTD | | |
| Printed name | John J. Murphey | | |
| Date | 11-29-2005 | Reg. No. | 24896 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Pat McHan

Typed or printed name

Pat McHan

Date

11-29-2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the burden of this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/FSB-17 (12-04-02)

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Effective on 12/08/2004.

Free pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

| | |
|----------------------|------------------|
| Application Number | 10,627,021 |
| Filing Date | 07/25/2003 |
| First Named Inventor | Howard, Raymond |
| Examiner Name | Olson, Jerry A. |
| Art Unit | 3611 |
| Attorney Docket No. | 1.I.P.T. 1031867 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 501990 Deposit Account Name: Gordon & Rees

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

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FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fee Paid (\$) |
|------------------|-------------|--------------------------|-------------|----------|------------------|--------------------------|---------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES
Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

50

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|---------------------------|----------|---------------|
| - 20 or HP - | x | = | | | | |

HP = highest number of total claims paid for, if greater than 20.

| Independent Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | |
|--------------------|--------------|----------|---------------|--|--|
| - 3 or HP - | x | = | | | |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 - / 50 = (round up to a whole number) x =

4. OTHER FEES

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)

Other (e.g., late filing surcharge):

SUBMITTED BY

| | | | |
|-------------------|-------------------|--------------------------------------|-----------------|
| Signature | John J. Maserbrey | Registration No. (Attorney/Agent) | Telephone |
| Name (Print/Type) | John J. Maserbrey | 24886 | Date 11-20-2005 |

This collection of information is required by 37 CFR 1.135. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1688, Alexandria, VA 22313-1460.

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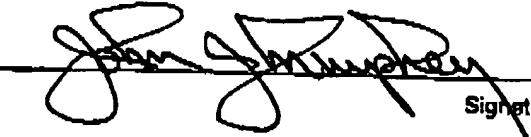
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on 11-29-2005
Date

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John J. Murphey

Typed or printed name of person signing Certificate

24896
Registration Number, if applicable

214-461-4050
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal Form
Fee Transmittal
Amendment After Final

Multiple Dependent Claim Form
Change of Correspondence
Address

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